



**Office of the Staff Judge Advocate
Stuttgart Law Center
Claims Office**

**FILING A CLAIM AGAINST THE U.S. GOVERNMENT
UNDER THE MILITARY CLAIMS ACT**

Call DSN: 421-4597/2473 or Civ: 0711-729-4597/2473

The Claims Office is located at the Stuttgart Law Center, Kelley Barracks, Building 3312, Room 222. Claimants are seen on an appointment basis from 09:00am – 04:30pm on Mondays, Tuesdays and Fridays. On Wednesdays, claimants are seen on a first come, first served walk-in basis. Please call for appointments or information or send an email to heike.dragicevic@cmtymail.6asg.army.mil.

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY

GENERAL INFORMATION:

The MCA applies to claims for damage caused by the **negligence** of military personnel or Department of the Army or Department of Defense civilian employees **performing official duties**.

2. If you are a U.S. military member you can file an MCA claim for property damage, e.g. a GOV runs into your POV.
3. If you are a **civilian employee** of DA/DOD or a **technical representative** with NATO SOFA status/logistic support, you can file for property damage. In addition, you can file for personal injury if the injury is not covered by a form of Workmen's Compensation.
4. Claims of subrogees, e.g. car insurance companies are **not** payable.
5. Military **retirees**, American **tourists**, including those visiting family stationed in Germany, and sometimes **family members** must file their claims with the German Defense Cost Office **within 3 months of the incident**. The Defense Cost Office for the Baden-Wuerttemberg area can be reached at:

Bundesanstalt für Immobilienaufgaben
SRB Regionalbüro Süd
Krelingstrasse 50
90408 Nürnberg

Family members should contact the Claims Office as soon as possible after a claim incident occurs to determine where they should file their claim.

6. Only the above listed individuals can file this type of claim. As an exception, an agent may file a claim for you if he/she has your **Power of Attorney**. The agent should put the phrase *Attorney in Fact for [Claimant's Name]* after his/her signature.
7. A claim may be settled under this act only if presented in writing to a military installation **within 2 years** after it accrues.

HERE'S WHAT YOU NEED TO FILE YOUR CLAIM:

Complete the SF form online or neatly in ink. The more information you provide, the quicker we can settle your claim.

- 1. **SF 95, Claim for Damage, Injury or Death.** You must claim a specific Dollar amount in Block 12.
- 2. **POV registration.** Include a copy of the registration in effect at the time of the incident. (if applicable)
- 3. **Insurance** information and policy, and insurance settlement letter with breakdown of payments.
- 4. **MP Report / German Polizei Report** or any other investigative **report.**
- 5. **Estimates of Repair** (See section **ADDITIONAL INFORMATION**)
- 6. **Witness statements.** If possible, provide statements from disinterested parties. Include their address and telephone number.
- 7. **Copies of medical records.** Submit all your records to substantiate your injury. (if applicable)
- 8. **Photographic Evidence**
- 9. **Damage Inspection** by Claims Office
- 10. **Statement for payment** via Electronic Funds Transfer (direct deposit information)
- 11. **Power of Attorney** (if applicable)

ADDITIONAL INFORMATION:

- a. **Bring damaged items to the Claims Office for inspection.** At the time of the inspection you will be told whether you need to get a formal repair estimate.

NOTE: APPRAISALS (GUTACHTEN) ARE NOT ACCEPTABLE AS ESTIMATES OF REPAIR. ADDITIONALLY, FEES INCURRED TO OBTAIN APPRAISALS WILL NOT BE REIMBURSED BY THE CLAIMS OFFICE.

- b. Claimants are required to avoid unnecessary costs and **mitigate the damage.** For example, **do not get a rental car** unless you have discussed the matter with the Claims Attorney. If a rental car is authorized, reimbursement will normally only be for the duration of the repair, for the least expensive vehicle and generally at the lowest Government rate.
- c. **Do not dispose** of damaged property unless keeping it would be a safety hazard. The Claims Office may inspect items before or during processing of your claim.

ALWAYS REMEMBER: A CLAIM MUST BE PRESENTED IN WRITING TO A MILITARY INSTALLATION WITHIN TWO YEARS AFTER IT ACCRUES.

**CLAIM FOR DAMAGE,
INJURY, OR DEATH****INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheet(s) if necessary. See reverse side for additional instructions.**FORM APPROVED**
OMB NO.
1105-0008

1. Submit To Appropriate Federal Agency:

2. Name, Address of claimant and claimant's personal representative, if any.
(See instructions on reverse.) (Number, street, city, State and Zip Code)Doe, John W. SSN: 000-99-222 HHC, 6th ASG
CMR 480 Box 999
APO AE 09128

3. TYPE OF EMPLOYMENT

☒ MILITARY ☐ CIVILIAN

4. DATE OF BIRTH

01/11/1973

5. MARITAL STATUS

married

6. DATE AND DAY OF ACCIDENT

10 January 2005

7. TIME (A.M. or P.M.)

02:00 pm

8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)

Do not write see attached MP report!!

In this block, please describe the incident giving rise to your claim. Be specific here as to what exactly happened, when and where it happened and how and why it happened. If you are running out of space, write continued in the right bottom corner of this block and use a separate sheet to continue your description.

9. **PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)

Same as above

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)

Give a description of the damage

10. **PERSONAL INJURY/WRONGFUL DEATH**

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.

None

11. **WITNESSES**

NAME

ADDRESS (Number, street, city, State, and Zip Code)

PFC Jones, James F.

HHC, 6th ASG, Unit 30401 DSN 421-1450

12. (See instructions on reverse)

AMOUNT OF CLAIM (In dollars)

12a. PROPERTY DAMAGE

\$2,000

12b. PERSONAL INJURY

\$0

12c. WRONGFUL DEATH

\$0

12d. TOTAL (Failure to specify may cause
forfeiture of your rights.)

\$2,000

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)

Do not sign until in presence of claims personnel

13b. Phone number of signatory

421-1450

14. DATE OF CLAIM

**CIVIL PENALTY FOR PRESENTING
FRAUDULENT CLAIM**

The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)

**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT
CLAIM OR MAKING FALSE STATEMENTS**

Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 38 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.

C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

INSTRUCTIONS

Complete all items - insert the word NONE where applicable

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF

PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in Item #1 on the reverse side. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplemental regulations also. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in Item 12 of this form.

(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid". A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

Failure to specify a sum certain will result in invalid presentation of your claim and may result in forfeiture of your rights.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden,

to Director, Torts Branch
Civil Division
U.S. Department of Justice
Washington, DC 20530

and to the
Office of Management and Budget
Paperwork Reduction Project (1105-0008)
Washington, DC 20503

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? ☒ Yes, If yes, give name and address of insurance company (Number, street, city, State, and Zip Code) and policy number. ☐ No

USAA Policy # 123456789
Postfach 180420
6000 Frankfurt am Main

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

No, but I have notified them of the incident. Deductible coverage.

17. If deductible, state amount

\$500

18. If claim has been filed with your carrier, what action has your insurer taken or proposes to take with reference to your claim? (It is necessary that you ascertain these facts)

I do not plan on filing a claim with my insurance company.

19. Do you carry public liability and property damage insurance? ☒ Yes, If yes, give name and address of insurance company (Number, street, city, State, and Zip Code) ☐ No

Same as above

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Failure to specify a sum certain will result in invalid presentation of your claim and may result in forfeiture of your rights.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

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19. Do you carry public liability and property damage insurance? ☐ Yes, If yes, give name and address of insurance company (Number, street, city, State, and Zip Code) ☐ No

**Office of the Staff Judge Advocate
Stuttgart Law Center
Claims Office**

ELECTRONIC FUNDS TRANSFER INFORMATION

Please provide us with your direct deposit information, that is the bank account where your military pay gets deposited to.

CLAIMANT NAME: _____

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

CHECKING: _____ **SAVING:** _____